



# LOUDOUN COUNTY

## LAND DEVELOPMENT APPLICATION

- (1) *This application form must be filled out in its entirety.*
- (2) *An incomplete application form will result in rejection of the application prior to checklist review.*
- (3) *If additional space is needed to complete any section of this application, attach a separate sheet containing all the required information and refer to such where appropriate on the form.*
- (4) *Do not write in shaded areas.*
- (5) *See attached Instructions for completing the Land Development Application.*

### PLEASE PRINT IN INK OR USE TYPEWRITE

<b>TYPE OF APPLICATION</b> ____ 1972 Zoning Ordinance ____ 1993 Zoning Ordinance <input checked="" type="checkbox"/> Revised 1993 Zoning Ordinance		Application Number Assigned _____ Fee Amount Paid _____ Receipt Number _____ Date of Official Acceptance _____		
<b>Calculations of Bond (CPAP, CPAP REVISION, REST, STPL, STPR &amp; STMP)</b>				
<b>Total Number of Cross-Sections (FPAL Type II &amp; FPST)</b>				
<b>Project Name:</b> StoneSpring Medical Center		<b>Subdivision Name (if different from project name):</b>  <b>Subdivision Section:</b> <b>Lot Numbers:</b>		
<b>Description of Proposed Project: (Must be completed)</b> SPEX: Allow a hospital and medical care facilities, outpatient of 462,000 square feet				
<b>Number and Types of Proposed Lots</b>		<b>PROPOSED RESIDENTIAL UNITS (This section is to be completed for <u>all</u> residential applications).</b>		
Residential	_____	Total Units	Quantity Affordable Quantity Elderly	
Non-residential	1 lot	Detached		
Conservancy	_____	Semi-detached		
Open Space	_____	Townhouse		
Other (Specify type)	_____	Multi-family		
		Other (specify)		
<b>Total Lots</b>	1	<b>Total</b>	No homes are proposed with this application.	
<b>PROPOSED NON-RESIDENTIAL SQUARE FOOTAGE</b> This section must be completed for all non-residential applications and non-residential components of residential applications. Describe the type (s) in the appropriated category and the total square footage for the category:				
<b>Category</b>	<b>Description of Use</b>	<b>Square Footage</b>		
Ag-Residential				
Sales & Service				
Office				
Industrial				
Gov't., Utilities & Public Service				
Recreation & Special Interests				
Transportation & Communications				
Education & Training				
Other (specify)	Hospital and Medical Care Facilities, Outpatient	462,000		
<b>Total Square Footage</b>		462,000		
<b>PROJECT LOCATION</b>				
<b>Property Address:</b> 24597 Gum Spring Road, Sterling, VA 20166	<b>Property Location:</b> Northwest quadrant of Route 50 and Gum Spring Road (Rt. 659).	<b>Adjacent Roads</b> Route 50 and Gum Spring Road		
<b>ELECTION DISTRICT(S)</b>	Dulles Election District			
<b>PROPERTY TAX MAP, ACREAGE AND ZONING INFORMATION</b>				
<b>Tax Map Number(s) or Pin Number Reference(s)</b>	<b>Zoning District(s)</b>	<b>Acreage</b>	<b>Zoning Status</b> <b>Existing</b> <b>Proposed</b>	
MCPI: 204-48-7841*	PD-OP	24	PD-OP	PD-OP
*The SPEX is for a portion of that parcel.				
<b>SURROUNDING LAND USES AND ZONING</b>				
List all surrounding land uses and zoning districts adjacent to the property, including those across roads.				

LAND USE		ZONING	
NORTH	Commercial/Vacant	PD-OP/RC/PD-GI	
SOUTH	Vacant	PD-OP/CLI	
EAST	Commercial	CLI/R-16/PD-GI	
WEST	Vacant	PD-GI	
APPLICANT(S)			
Company Name	Highway 50 Real Estate, LLC	Company Name	
Name of Person & Title	W. Mark Kimbrough Vice President	Name of Person & Title	
Mailing Address	One Park Plaza	Mailing Address	
City, State, Zip Code	Nashville, TN 37203	City, State, Zip Code	
Daytime Telephone	(781) 871-6800	Daytime Telephone	
E-mail Address	n/a	E-mail Address	
Correspondent?	Yes                  No	Correspondent?	Yes                  No
PROPERTY OWNER(S)			
Company Name	Highway 50 Real Estate, LLC	Company Name	
Name of Person & Title	W. Mark Kimbrough Vice President	Name of Person & Title	
Mailing Address	One Park Plaza	Mailing Address	
City, State, Zip Code	Nashville, TN 37203	City, State, Zip Code	
Daytime Telephone	(781) 871-6800	Daytime Telephone	
E-mail Address	n/a	E-mail Address	
Correspondent?	Yes                  No	Correspondent?	Yes                  No
REPRESENTATIVE(S)			
Company Name	Cooley Godward Kronish LLP	Company Name	
Name of Person & Title	Mark C. Looney, Esquire	Name of Person & Title	
Mailing Address	11951 Freedom Drive, #1500	Mailing Address	
City, State, Zip Code	Reston, VA 20190	City, State, Zip Code	
Daytime Telephone	(703) 456-8652	Daytime Telephone	
E-mail Address	mlooney@cooley.com	E-mail Address	
Correspondent?	Yes                  No	Correspondent?	Yes                  No
CERTIFICATIONS			
<b>APPLICANT(S):</b> The information provided is accurate to the best of my knowledge. I acknowledge that any percolation tests, topographic studies, or other requirements of the Health Official, Director of Building and Development, or Zoning Administrator will be carried out at my expense. I understand that the County may deny, approve, or conditionally approve that for which I am applying. I certify that all property corners have been clearly staked and flagged.			
W. Mark Kimbrough Printed Name of Applicant			
W. Mark Kimbrough Signature of Applicant			
3/12/10 Date			
<b>PROPERTY OWNER(S)</b> (to be signed by all property owners): I have read this completed application, understand its intent, and freely consent to its filing. Furthermore, I grant permission to the Department of Building and Development and/or Planning and other authorized government agents to enter the property and make such investigations and tests as they deem necessary.			
W. Mark Kimbrough Printed Name of Property Owner			
W. Mark Kimbrough Signature of Property Owner			
3/12/10 Date			